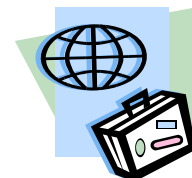


International Travel Expense Justification (ITEJ) - For All Funds



Name of Traveler _____	Phone # _____	Email _____
Department/DeptID _____	Date _____	
Contact Person _____	Phone # _____	Email _____

All items, including a thorough justification, must be completed before support for the travel will be authorized.

Route this form PRIOR to entering a travel requisition. Form must be submitted to Department Chair/Manager at least 45 days in advance of travel and the President at least 30 days in advance of travel. Unauthorized travel will not be reimbursed.

Proposed Travel Dates: _____	International Destination: _____
General Purpose of Travel: <input type="checkbox"/> Conference <input type="checkbox"/> Research <input type="checkbox"/> Other _____	
Justification for the travel, including your role, and why it is mission critical (Faculty must indicate plans for covering classes and necessary supporting documents): _____	

Funding source(s):	General Operating Fund: \$ _____	Other*: \$ _____	Personal/Self-Funded: \$ _____
<input type="checkbox"/> Approved	College of Continuing Education: \$ _____	Grant*: \$ _____	Total Cost of Travel: \$ _____
<input type="checkbox"/> Requested	*Please specify Grant Name or Other Funding: _____		

Traveler: _____
Signature Date

Department Chair/ Manager Recommendation: approve not approve

Print/Type Name Signature Date

College Dean/Program Center Recommendation: approve not approve

Print/Type Name Signature Date

Travel insurance will be provided by: College Department Grant Other University Source: _____

(Individual employees are not permitted to purchase International Travel Insurance)

Provost/Vice President Recommendation: approve not approve

Print/Type Name Signature Date

President (required per Chancellor's Office): approved not approved

Print/Type Name Signature Date

University Funds - Scan and attach the completed form when entering your travel requisition in CFS

Please add your requisition # _____

Copy: Dean/Program Center and Traveler